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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number 10/676,908			Filing Date 30 September, 2003			To be Mailed		
					Applicant(s) KAHNER ET AL.						Page 1 of 1		
							* May be	used for addi	tional claims	or amendm	ents		
CLAIMS	ASFILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	X						51		1				
2	X						52		1				
3 4	X				<u> </u>		53 54		1				<u> </u>
5	X	_				_	55		1		-		_
6	X				<u> </u>		56		1		_		
7	X				 		57		1		-		
8	X				†		58		1				
9	X						59		1				
10	X						60		1				
11	X						61		1				
12	X						62		1				
13	X						63		1				
14 15	X				-		65		1				-
16	X						66		1				
17	X				<u> </u>		67		1				
18	X						68		1				-
19	X				†		69		1				t
20	X						70		1				
21	X						71		1				
22	X						72		1				
23	X						73		1				
24	X						74		- 1				
25	X						75		1				
26 27	X						76 77		1 1				
28	X				 		78		1				-
29	X						79		1		_		_
30	X						80		1				
31	X				†		81		1				
32	X						82		1				
33	X						83	1					
34	X						84		1				
35	X						85	1					
36 37	X	_		-	-		86 87		1		-		-
38	X	_		1	+	-	87	1	-		-		+
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41	X						91		1				T
42	X						92		1				
43	X						93						
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47	-	1 1		-	-		97 98						
48		1	_	-	-		98						-
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Total	- 5				-		Total	_				_	
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Total		43					Total						
Depend Total		48					Depend Total						
Claims							Claims						

Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Cla se process par approximents. connectmently is governed by 50 U.S.C. 122 and 37 CFR [1.14. This collection is estimated to take 12 minutes to complete, including guidering, preparing, and solutioning the complete dapplication from the UNFPO. Time will yave depending upon the individual case. Any comments on the amount of the you require to complete this form and/or suggestions for roducing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22313-1459, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.